



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Amendment/Response Transmittal**

In re application of: Brian John Cragun et al. : Date: October 31, 2005  
Group Art Unit: 2193 : IBM Corporation  
Examiner: William H. Wood : Intellectual Property Law  
Serial No.: 09/838,619 : Dept. 917, Bldg. 006-1  
Filed: April 19, 2001 : 3605 Highway 52 North  
Title: SYNTAX CHECKER WITH REAL-TIME FEEDBACK : Rochester, MN 55901-7829

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:  
Transmitted herewith for filing is an Amendment/Response in the above-identified Application.

- ☒ No additional fee is required.  
☐ The filing fee has been calculated as follows:

|   | Claims Remaining<br>After Amendment | Highest Number<br>Previously Paid<br>For | Present<br>Extra |
|---|-------------------------------------|--|------------------|
| Total   | 9                                   | - 20                                     | 0                |
| Independent   | 3                                   | - 6                                      | 0                |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claim |                                     |  |                  |

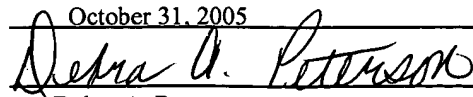
**Other Than Small Entity**

| Rate         | Additional Fee |
|--------------|----------------|
| x \$50.00=   | 0.00           |
| x \$200.00=  | 0.00           |
| \$360.00     | 0.00           |
| <b>TOTAL</b> | <b>0.00</b>    |

**CERTIFICATE OF MAILING UNDER  
37 C.F.R. 1.8(a)**

I hereby certify that the enclosed or attached  
correspondence is being deposited with the United States  
Postal Service as first class mail in an envelope addressed  
to the Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450, on

October 31, 2005

  
Debra A. Peterson

Request for Extension of Time:

- ☒ Applicants respectfully request a one-month extension of time to respond to the Office Action dated June 30, 2005. Please charge Deposit Account 09-0465 in the amount of **\$120.00**. A duplicate copy of this sheet is enclosed.

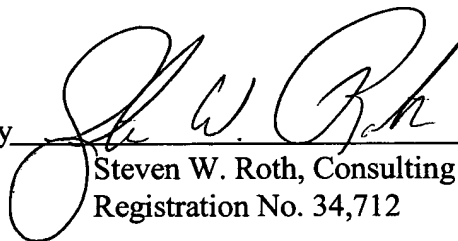
Deposit Account Authorization:

- ☐ Please charge Deposit Account No. 09-0465 in the amount of \$\_\_\_\_\_, the Additional Fee calculated above. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0465. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. §1.16.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

Date: October 31, 2005

By



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